

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3854

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Mr. Gregory E.
NICKNAME LAST SUFFIX
Greg Parker

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

4704 Castleman Drive Austin TX 78725

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mrs. Victoria E.
NICKNAME LAST SUFFIX
Parker

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4704 Castleman Drive Austin Texas 78725

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 276-9439

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year

1 / 1 / 98 THROUGH 2 / 1 / 98

10 ELECTION

ELECTION DATE
Month Day Year
3 / 10 / 98

ELECTION TYPE

☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

County Commissioner

12 OFFICE SOUGHT (if known)

County Commissioner Prec 1

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Greg Parker

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,100.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 41.74

4. TOTAL POLITICAL EXPENDITURES

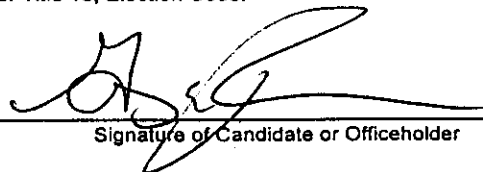
\$ 1,164.50

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

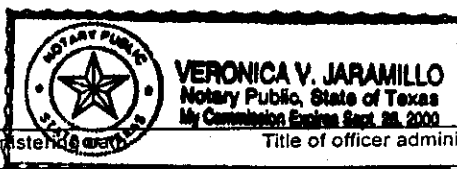
Sworn to and subscribed before me, by the said

Gregory E. Parker

this the

11th

day of

Feb.19 78, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

Victoria Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out of state PAC*Bill Rice*7 Amount of
contribution (\$)8 In-kind contribution
description(if applicable)

6 Contributor address; City; State; Zip Code

*\$1000.00**78 Pacal Austin, Texas 78740*

9 Principal occupation

Chairman of the Board

10 Employer (optional)

Wintel, Inc.

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

☐ out of state PACAmount of
contribution (\$)In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out of state PAC		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Victoria Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Greg Parker

7 Amount (\$)

6 Payee address; City; State; Zip Code

1/26/98 4704 Castleman Drive Austin, TX 78725

120.00

8 Purpose of expenditure

Reimbursement for expenditures from personal funds

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME <i>Victoria E. Parker</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/14/98</i>	5 Payee name <i>Hunk Signs</i> 6 Payee address; City; State; Zip Code <i>1601-A Hydro Drive Austin, TX 78728</i> 7 Purpose of expenditure <i>Political signs</i>	8 Amount (\$) <i>\$911.63</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/17/98</i>	Payee name <i>Black-Eyed Pea</i> Payee address; City; State; Zip Code <i>3909 S. Lamar Blvd. Austin, TX 78704</i> Purpose of expenditure <i>Political campaign dinner</i>	Amount (\$) <i>\$41.74</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/25/98</i>	Payee name <i>The Home Depot</i> Payee address; City; State; Zip Code <i>7211 N. IH35 Austin, TX 78752</i> Purpose of expenditure <i>Equipment to put signs up</i>	Amount (\$) <i>\$61.70</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>1/22/98</i>	Payee name <i>The Home Depot</i> Payee address; City; State; Zip Code <i>7211 N. IH35 Austin, Texas 78752</i> Purpose of expenditure <i>Equipment for placement of signs</i>	Amount (\$) <i>\$149.43</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**8** Amount
(\$)**6** Payee address; City; State; Zip Code**7** Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The C/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****-- Complete A & B below *only* if you are a candidate --****A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****-- Complete this section *only* if you are an officeholder --**

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder